



WASATCH COUNTY SHERIFF

Jared W. Rigby, Sheriff

Division Commanders
Corey Davis, Corrections
Brian Gardner, Investigations
Jeremy Hales, Comm./Emerg. Mgmt.
Ken Purdy, Patrol
Kam Kohler, Search & Rescue

REQUEST FOR RECORDS

Note: Utah Code 63G-2-204 (GRAMA) requires a person making a records request furnish the governmental entity with a written request containing the requester's name, mailing address, daytime telephone number, and a description of the record requested that identifies the record with reasonable specificity.

RECORD REQUESTED/CASE NUMBER (IF KNOWN): _____

DESCRIPTION OF THE RECORD REQUESTED: _____

REQUESTED BY (PLEASE PRINT FULL NAME): _____

PHONE NUMBER: _____

DESIRED FORMAT:

- ☐ Printed copy in person
- ☐ Printed copy mailed to this address: _____
- ☐ Fax # _____
- ☐ Email _____

REASON YOU ARE REQUESTING THIS RECORD

I understand that in accordance with the Wasatch County Sheriff's Office, I am responsible for the applicable fees:

- Reports \$10.00 per report up to 50 pages and \$0.25 per page after 50 pages
- Photos/Audio/Video \$30.00

If a report requires an excessive amount of time to research and prepare copies, the charge for the requested report will be billed at the rate of \$15.00 per hour, plus \$0.25 per copy and \$2.00 per fax for the first page, plus \$1.00 for each additional faxed page. Payment can be made by cash or check only. ***Please make checks payable to: Wasatch County Sheriff's Office.***

I understand that as soon as reasonably possible, but not later than ten (10) business days after signing this request I will be notified whether my request was approved or denied. I also understand that photo identification will be required before the record is released to me. **After a requested report is prepared, it will be held by the Wasatch County Sheriff's Office for thirty (30) days, after that time the copy will be destroyed.**

The majority of records maintained by the Wasatch County Sheriff's Office are classified as private, protected, controlled, or exempt in accordance with the Government Records Access and Management Act.

SIGNATURE OF REQUESTER: _____

FOR DEPARTMENT USE ONLY-DO NOT WRITE IN THIS AREA

PROCESS NUMBER: _____

- ☐ Approved by: _____
- ☐ Denied by: _____

Date: _____
Date: _____

Reason for denial: _____